

CALEDONIA TOWNSHIP CITIZEN COMPLAINT FORM

Complaint Reported By: _____ **Date:** _____

Name: _____

Address: _____

Phone Number: _____ **Email:** _____

Details of Compliant: _____

Presented to the Township Board: _____

Action Taken: _____

Resolved/Unresolved as of: _____

Follow-Up Information: _____

Zoning Administrator: _____ **Date:** _____

Township Supervisor: _____ **Date:** _____